



CalPERS Member Change of Address

Please complete all information and return to the appropriate address shown below.

Address Change Date		Social Security Number	(For CalPERS Use)
Last Name		First Name	Middle Initial
NEW Mailing Address (Street or P.O. Box)			
City		State	ZIP Code (5 digit)
Telephone Number Home: ()		Work: ()	

Please mark appropriate box below and mail or FAX as shown.

☐ **Retiree or Beneficiary**

You can change your address by using the above form or calling CalPERS at the number below.

CalPERS Benefit Services Division

P.O. Box 942716

Sacramento, CA 94229-2716

Phone: (916) 326-3848

(800) 352-2238

FAX: (916) 326-3933

☐ **Active (or Inactive) Member**

CalPERS Member Services Division

P.O. Box 748

Cypress, CA 90630-9904

Phone: (916) 326-3141

FAX: (916) 326-3287

The information requested is collected pursuant to Government Code Section 20000 et seq., and will be used solely for administration of CalPERS duties under the California Public Employees' Retirement Law, the Social Security Act, and the California Public Employees' Medical and Hospital Care Act.